

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2021 - 68 - T

RECEIVED
2/23/21
td

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Curtis Sullivan

Telephone: (574) 532-5394

Address: 2042 Gardenia Lane

Fax:

Indian Land, SC 29707

Other:

Email: SullivansIVMT@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Request for Name Change on Certificate

☐ Application - Class C Taxi

☐ Request to Amend Scope of Authority

☐ Application - Class C Charter

☐ Request to Amend Tariff (rate increase, etc.)

☐ Application - Class C Charter Bus

☐ Request to Amend Passenger Limit

☒ Application - Class C Non-Emergency

☐ Request

☐ Application - Class C Stretcher Van

☐ Exhibit

☐ Application - Class E Household Goods

☐ Late-Filed Exhibit

☐ Application - Class E Hazardous Waste

☐ Letter

☐ Application

☐ Proposed Order

☐ Request for Extension to Comply with Order

☐ Publisher's Affidavit

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Reservation Letter

☐ Request for Cancellation of Certificate

☐ Response

☐ Request for Suspension

☐ Return to Petition

☐ Request for Reinstatement

☐ Other:

RECEIVED

FEB 19 2021

PSCSC
Clerks Office

J

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 2/11/2021

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Sullivan's Nonx Medical Transportation (SNMT) L.L.C.
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

2042 Gardenia Lane Indian Land, SC 29707
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

(574) 532-5394

Phone

Fax

Sullivan's NMT@gmail.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text" value="0"/>	Mortgage/Loan on Real Estate	<input type="text" value="0"/>
Value of Motor Vehicles	<input type="text" value="0"/>	Loans Owed on Motor Vehicles	<input type="text" value="0"/>
Cash on Hand	<input type="text" value="0"/>	Business/Other Loans Owed	<input type="text" value="0"/>
Cash in Bank	<input type="text" value="0"/>	Other Liabilities or Debts	<input type="text" value="0"/>
Value of Other Assets and Equipment	<input type="text" value="\$ 1600"/>	Total Liabilities	<input type="text" value="0"/>
Total Assets	<input type="text" value="\$ 1600"/>		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICEProposed Rates and Charges:

Ambulatory	Round Trip \$ 70	one way \$ 35
Wheelchair	\$ 80	\$ 40
Additional Mileage	\$ 1.00 per mile	\$ 1.00 per mile
Wait Time	\$ 20 per 30 minutes	
Dialysis	2x a week \$110 3x a week \$150	

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input checked="" type="checkbox"/> Abbeville	<input checked="" type="checkbox"/> Cherokee	<input checked="" type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input checked="" type="checkbox"/> Saluda
<input checked="" type="checkbox"/> Aiken	<input checked="" type="checkbox"/> Chester	<input checked="" type="checkbox"/> Georgetown	<input checked="" type="checkbox"/> Lexington	<input checked="" type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input checked="" type="checkbox"/> Chesterfield	<input checked="" type="checkbox"/> Greenville	<input checked="" type="checkbox"/> Marion	<input checked="" type="checkbox"/> Sumter
<input checked="" type="checkbox"/> Anderson	<input checked="" type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input checked="" type="checkbox"/> Marlboro	<input checked="" type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input checked="" type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input checked="" type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input checked="" type="checkbox"/> Newberry	<input checked="" type="checkbox"/> York
<input checked="" type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input checked="" type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input checked="" type="checkbox"/> Kershaw	<input checked="" type="checkbox"/> Orangeburg	<input type="checkbox"/> Statewide
<input checked="" type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input checked="" type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input checked="" type="checkbox"/> Charleston	<input checked="" type="checkbox"/> Fairfield	<input type="checkbox"/> Laurens	<input type="checkbox"/> Richland	

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
2012				
Dodge	2012 Caravan	ZC 4RDGCG4CR201648	4,483 lbs	NO
				Ramp

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

Curtis Sullivan

Name of Applicant

2042 Gardenia Lane Indian Land, SC 29707

Address of Applicant

Amount of Premium:

Liability Insurance \$ 838.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	\$ 1,000,000
Medical Payments per Person	\$ 1,000	\$ 1,000

Geico/Hiscox

Name of Insurance Company

5260 Western Avenue Chevy Chase, MD 20815

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.



Quote Proposal

Helping entrepreneurs thrive with small business insurance that is:



Simple

We offer quotes to coverage in less than 10 minutes, 100% online



Tailored

Proprietary technology that expertly designs policies



Affordable

We give quality, comprehensive coverage artisan contractors need

Who is Next Insurance?

Next Insurance is passionate about making the lives of small business owners easier. We all strive to make the product and experience better for you, our customers. When you start a business, you're placing a huge bet on yourself. A bet on your ideas. On your passion. Your blood, your sweat and tears. We created Next Insurance to give your business the edge it deserves. Simple, affordable and transparent insurance plans tailored to your specific industry. You want the confidence of great coverage exactly where you need it. Your business is on a very unique mission. Finally, there's an insurance partner that understands that.

How does Next Insurance help agents?

Unlimited COIs

Your new job tomorrow morning requires a Certificate of Insurance? No problem! Go online to our customer portal, and add an Additional Insured online. You can then download as many Certificates of Insurance as needed—for free, 24/7.

No finance fees

No fees for cancellations, late payment or certificates of Insurance. Your monthly or annual payment is the only payment.

Online customer account

We're here if you need to file a claim, update your information, or ask a question. And we know you're busy, so we've made sure to have as many options online as possible.

Our investors are the biggest names in the industry



Munich RE



NATIONWIDE
INSURANCE



Quote for Transportation, Storage, and Distribution Managers

Hi Curtis,
Below are the following quotes for your Transportation, Storage, and Distribution Managers policy from Next Insurance created on February 18, 2021:

Name	Email Address
Curtis Sullivan	sullivansnmt@gmail.com
Business Name	COB
Sullivans Non-Medical Transportation	Transportation, Storage, and Distribution Managers

PLANS	LOWEST PRICE	MOST POPULAR	BEST COVERAGE
Total Yearly Price	\$681.00	\$1,182.00	\$2,169.00
Total Monthly Price	\$56.75	\$98.50	\$180.75
*First and last month due at purchase	\$113.50	\$197.00	\$361.50

Pricing and coverages prior to purchase will automatically update to reflect Next's most current underwriting guidelines.

Coverages included in this package

- General Liability
- Commercial Auto

See next page to view limit details for each coverage

The Next Insurance Advantage

Next Insurance is a diverse and strong team of engineers, designers, insurance advisors, and product managers who are passionate about making the lives of small business owners easier. We all strive to make our products simple, tailored, and affordable:

- Get 24/7 policyholder online portal access
- Add unlimited additional insureds for free
- Send certificates of insurance instantly to anyone
- Option to pay monthly at no extra cost
- Get a policy tailored around your needs
- Cancel anytime with no further charges

See next page to view limit details for each coverage

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UPS STORE 5278

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Your General Liability Coverage Details

GENERAL LIABILITY	BASIC	PRO	PRO PLUS
Yearly Price			\$300.00
Monthly Price			\$25.00
*First and last month due at purchase			\$50.00
COVERAGE DETAILS			
Rented Premises Damage			\$100,000.00
General Aggregate			\$2,000,000.00
Per Occurrence			\$1,000,000.00
Medical Expense			\$15,000.00
Personal Injury			\$1,000,000.00
Products Completed			\$2,000,000.00
PROFESSIONAL LIABILITY			
General Aggregate			
Deductible			
Per Occurrence			

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UPS STORE 5278

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Commercial Auto Coverage Premium**BASIC****PRO****PRO PLUS**

Yearly Price

\$681.00

\$1,182.00

\$1,869.00

Monthly Price

\$56.75

\$98.50

\$155.75

*First and last month due at purchase

\$113.50

\$197.00

\$311.50

Coverage details for vehicle: DODGE, GRAND CARAVAN**BASIC****PRO****PRO PLUS****LIABILITY - BODILY INJURY & PROPERTY DAMAGE**

Per Incident

\$75,000.00

\$100,000.00

\$1,000,000.00

COMPREHENSIVE & COLLISION

Per Incident

\$0.00

Actual Cash Value

Actual Cash Value

Deductible

\$1,000.00

\$500.00

Rental Reimbursement Per Day

\$100.00

\$100.00

PERSONAL INJURY PROTECTION

Per Incident

Deductible

MEDICAL PAYMENTS

Per Incident

\$5,000.00

\$5,000.00

\$5,000.00

UNINSURED & UNDERINSURED MOTORIST

Uninsured Motorist - Bodily Injury

\$75,000.00

\$100,000.00

\$1,000,000.00

Uninsured Motorist - Property Damage

\$75,000.00

\$100,000.00

\$1,000,000.00

Underinsured Motorist - Bodily Injury

\$75,000.00

\$100,000.00

\$1,000,000.00

Underinsured Motorist - Property Damage

\$75,000.00

\$100,000.00

\$1,000,000.00

TOWING AND LABOR

Per Incident

\$200.00

\$200.00

\$200.00

LOCKSMITH COVERAGE

Per Incident

\$250.00

Hired & Non-Owned Auto**BASIC****PRO****PRO PLUS**

Per Incident

Deductible

General Liability

SCHEDULE OF POLICY FORMS AND ENDORSEMENTS

<u>Title</u>	<u>Form Number and Edition Date</u>
Policy Jacket	NXT-0003 IL 0619
Signature Page	NXT-0001 IL 1017
Common Policy Declarations	NXUS-GL-0003.1-0619
Calculation Of Premium	IL 00 03 09 08
Common Policy Conditions	IL 00 17 11 98
Nuclear Energy Liability Exclusion Endorsement (Broad Form)	IL 00 21 09 08
South Carolina Changes - Cancellation and Nonrenewal	IL 02 49 07 19
Calculation of Premium	NXT-0006 IL 0920
Commercial General Liability Declarations	NXUS-GL-0001.1-0619
Commercial General Liability Coverage Form	CG 00 01 04 13
Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - With Limited Bodily Injury Exception	CG 21 06 05 14
Exclusion - Unmanned Aircraft	CG 21 09 06 15
Communicable Disease Exclusion	CG 21 32 05 09
Exclusion - Designated Products	CG 21 33 11 85
Limitation Of Coverage To Designated Premises, Project Or Operation	CG 21 44 04 17
Employment-Related Practices Exclusion	CG 21 47 12 07
Total Pollution Exclusion Endorsement	CG 21 49 09 99
Amendment Of Liquor Liability Exclusion	CG 21 50 04 13
Fungi Or Bacteria Exclusion	CG 21 67 12 04
Exclusion Of Certified Acts Of Terrorism	CG 21 73 01 15
Silica Or Silica-Related Dust Exclusion	CG 21 96 03 05
Exclusion - Damage To Work Performed By Subcontractors On Your Behalf	CG 22 94 10 01
Exclusion - Assault and Battery	NXUS-GL-2005.1-0318
Exclusion - Continuous or Progressive Injury and Damage	NXUS-GL-2014.1-0218
Exclusion - Cross Suits	NXUS-GL-2015.1-0218
Exclusion - Bodily Injury to Employees	NXUS-GL-2016.1-0218
Exclusion - Lead	NXUS-GL-2017.1-0218
Exclusion - Asbestos	NXUS-GL-2018.1-0218
Exclusion - Prior Damages	NXUS-GL-2019.1-0218
Exclusion - Non-Compensatory Damages	NXUS-GL-2021.1-0218
OFAC U.S. Economic and Trade Sanctions Limitations Clause	NXUS-GL-2026.1-0218
Blanket Additional Insured	NXUS-GL-2037.1-0218
Exclusion - Sexually Transmitted Diseases	NXUS-GL-2038.1-0218
Abuse or Molestation Exclusion	NXUS-GL-2052.1-0218
Exclusion - Pre-Existing Damages Or Injury	NXUS-GL-2056.1-0818
Unintentional Errors and Omission, Knowledge and Notice of Occurrence	NXUS-GL-2059.1-0218
Contractor Subcontractor Insurance Requirements	NXUS-GL-2074.2-1120
Additional Insured - Automatic Status	NXUS-GL-2075.1-0619
Foreign Drywall Contaminants Exclusion	NXUS-GL-2080.1-0218
Exclusions Applicable to Sports/Leisure/Entertainment Activities and Devices	NXUS-GL-2088.1-0218
Exclusion - Activities Or Operations Performed By Non-Disclosed Employee	NXUS-GL-2103.1-1219
South Carolina Changes - Amendment of Occurrence Definition	NXT-A01 GL SC 0118
Exclusion Of Punitive Damages Related To A Certified Act Of Terrorism	CG 21 76 01 15
Notice of Terrorism Insurance Coverage	NXUS-GL-8001.1-0418

Commercial Auto

SCHEDULE OF POLICY FORMS AND ENDORSEMENTS

<u>Title</u>	<u>Form Number and Edition Date</u>
Cover Page	NXT-0003 IL 0218
Signature Page	NXT-0001 IL 1017
Common Policy Declarations	NXT-0043 BM CA 0518
Calculation Of Premium	IL 00 03 09 08
Common Policy Conditions	IL 00 17 11 98
Nuclear Energy Liability Exclusion Endorsement (Broad Form)	IL 00 21 09 08
South Carolina Offer Of Additional Uninsured Motorists Coverage	IL U 007 12 16
And Optional Underinsured Motorists Coverage	
Privacy Notice	NXT-0002 IL 0218
Business Auto Declarations	NXT-0044 BM CA 0418
Business Auto Coverage Form	CA 00 01 10 13
Fellow Employee Coverage	CA 20 55 10 13
Auto Loan/Lease Gap Coverage	CA 20 71 10 13
Public Or Livery Passenger Conveyance Exclusion	CA 23 44 11 16
Exclusion Of Terrorism	CA 23 84 10 13
Silica Or Silica-Related Dust Exclusion For Covered Autos	CA 23 94 10 13
Exposure	
Rental Reimbursement Coverage	CA 99 23 10 13
Blanket Additional Insured Coverage - Certificate of Insurance	NXT-0004 BM CA 0418
Holders	
Abuse or Molestation Exclusion	NXT-0012 BM CA 0418
Locksmith Coverage	NXT-0019 BM CA 0418
Approved Drivers List Form	NXT-0024 BM CA 0418
Personal Effects Coverage	NXT-0033 BM CA 0418
Driving While Intoxicated Exclusion	NXT-0039 BM CA 0418
Basic Custom Parts and Equipment Coverage	NXT-0042 BM CA 0418
Towing and Labor Extension	NXT-0046 BM CA 0418
OFAC Notice	SNC-IL-0719-OFAC-N
Trade or Economic Sanctions	SNC-IL-0719-TOES-E
South Carolina Changes	CA 01 50 05 17
South Carolina Changes - Cancellation and Nonrenewal	CA 02 30 10 13
South Carolina Uninsured Motorists Coverage	CA 21 19 12 13
South Carolina Underinsured Motorists Coverage	CA 21 88 12 13
South Carolina Auto Medical Payments Coverage	CA 99 58 04 14

Exhibit Fit, Willing, and Able (FWA)

Curtis Sullivan
Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF Lancaster)

SWORN TO BEFORE ME

This 11 day of February, 2021

Notary Public

Commission Expires

My Commission Expires Feb. 16, 2028



Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Sullivan's Non Medical Transportation (SNMT) L.L.C., a limited liability company duly organized under the laws of the State of South Carolina on December 3rd, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 19th day
of February, 2021.

A handwritten signature in cursive script that reads "Mark Hammond".
Mark Hammond, Secretary of State

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Sullivan's Non Medical Transportation (SNMT) L.L.C.

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
2042 Gardenia Ln.

(Street Address)

Indian Land, South Carolina 29707

(City, State, Zip Code)

3. The initial agent for service of process is

UNITED STATES CORPORATION AGENTS, INC.

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
1591 Savannah Highway, Suite 201

(Street Address)

Charleston

South Carolina 29407

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Cheyenne Moseley

(Name)

101 N. Brand Blvd., 11th Floor

(Street Address)

Glendale, California 91203

(City, State, Zip Code)

Sullivan's Non Medical Transportation (SNMT) L.L.C.

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.

Sullivan's Non Medical Transportation (SNMT) L.L.C.

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Cheyenne Moseley

Signature of Organizer

Date: 12/03/2020

Signature of Organizer

Date:

South Carolina Secretary of State

Business Entities Online

File, Search, and Retrieve Documents Electronically

Sullivan's Non Medical Transportation (SNMT) L.L.C.

Corporate Information

Entity Type: Limited Liability Company**Status:** Good Standing**Domestic/Foreign:** Domestic**Incorporated South Carolina
State:**

Important Dates

Effective Date 12/03/2020

:

Expiration N/A**Date:****Term End N/A****Date:****Dissolved N/A****Date:**

Registered Agent

Agent: UNITED STATES CORPORATION
AGENTS, INC.**Address:** 1591 Savannah Highway, Suite 201
Charleston, South Carolina 29407

Official Documents On File

Filing Type	Filing Date
Articles of Organization	12/03/2020

For filing questions please contact us at 803-734-2158

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